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APPLICANTS

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** CONTINUING DATA *None/DP* *****

** FOREIGN APPLICATIONS *None/DP* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>DP</i> Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING 12	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 4
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 00832
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TITLE
 Modular intrusion detection system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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